Case 2:07-cv-00607-WKW-TEM  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  A. Signature  A. Signature  C. Date of Delivery  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
Uniroyal Fiber & Textile Division of Uniroyal, Inc. c/o Its President Joseph P. Flannery 70 Great Hill Road Naugatuck. CT	3. Service Type Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
(Transfer from service label)	3110 0004 0800 2739 Return Receipt 102595-02-M-1540

Domestic Return Receipt

PS Form 3811, August 2001